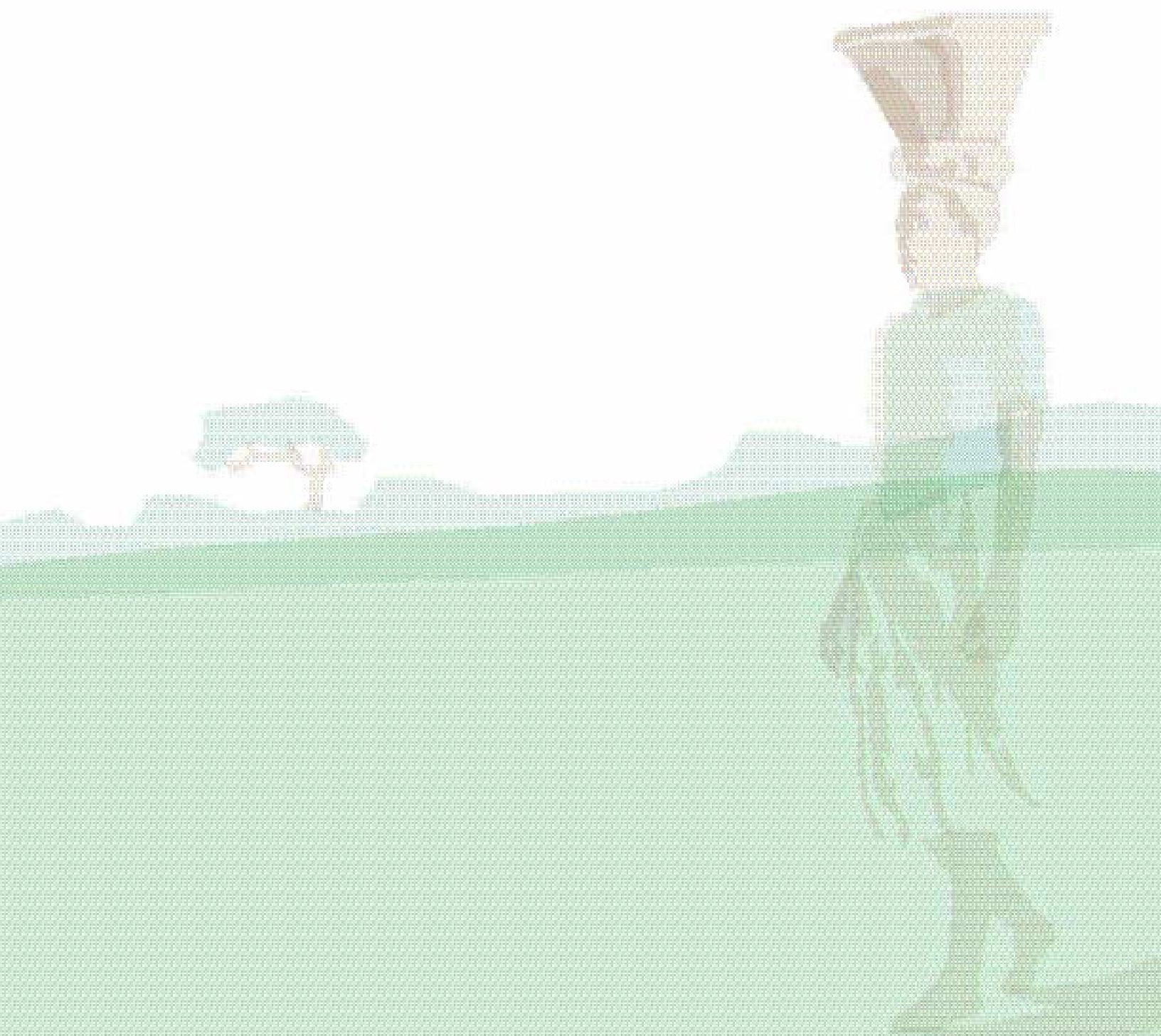
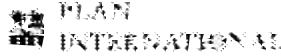


Women's NGO Networks in Nigeria

Providing Reproductive Health Information and Services; Promoting Reproductive Rights





NGO Networks for Health (Networks) is an innovative five year global health partnership created to meet the burgeoning demand for quality family planning, reproductive health, child survival, and HIV/AIDS information and services around the world. Funded by the United States Agency for International Development (USAID), the project began operations in June 1998. For more information, contact:

NGO Networks for Health
2000 M Street, NW, 5th Floor
Washington, DC 20036 USA
Tel: 202-955-0070 Fax: 202-955-1105
Email: info@ngonetworks.org
www.ngonetworks.org

Networks Technical Support Group encourages and supports health policy makers, program managers, and service providers to:

- become aware of the need to consider related social issues in all aspects of their work;
- understand that individual's perceptions can affect policy making, program planning, and clinical practice; and
- become comfortable in discussing a wide range of issues with colleagues, clients, and other persons at community levels as appropriate in their work.

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Acronyms

ARFH	Association for Reproductive and Family Health
CBD	Community-based distribution
CEDPA	Center for Development and Population Activities
COCIN	Christ of Church in Nigeria
CONNOPHD	Coalition of Nigerian NGOs on Population, Health, and Development
COPOP	Council of HIV Positive People
COWAN	Country Women Association of Nigeria
FIDA	International Federation of Women Lawyers
FOMWAN	Federation of Muslim Women's Association of Nigeria
GADA	Gender and Development Action Organization
MSO	Muslim Sisters Organization
NCWS	The National Council for Women's Societies
NGO	Non-governmental organization
NTF-VVF	The National Task Force on Vesico-Vaginal Fistula
STD	Sexually transmitted disease
SWAA	Society of Women and AIDS
SWAAN	Society of Women and AIDS in Africa/Nigeria
USAID	United States Agency for International Development
WIN	Women in Nigeria

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Most importantly, this profile would not have been possible without the immeasurable contribution of the members of the networks of women's non-governmental organizations in Nigeria, whose outstanding efforts have brought reproductive health information and services to their communities—some of Nigeria's neediest populations. We are most grateful for your cooperation and assistance.

Preface

In 1998, five established private voluntary organizations—Adventist Development and Relief Agency (ADRA), Cooperative for Assistance and Relief Everywhere (CARE), Plan International, Program for Appropriate Technology in Health (PATH), and Save the Children US—began working in partnership on the NGO Networks for Health (*Networks*) project. This project, funded by the United States Agency for International Development (USAID) is designed to improve the capacity of the Partners and their collaborating non-governmental organization (NGO) partners in developing countries to provide quality family planning, reproductive health, child survival, and HIV/AIDS information and services to the needy populations they serve.

Networks is committed to identifying, documenting, and disseminating the experiences and lessons from partnerships among NGOs that successfully meet the growing demand for reproductive health services and information.¹ *Networks* is particularly interested in the use of networks as effective means of expanding access to health care, and has embarked on an effort to document activities of this kind. This effort will benefit the project's activities in network development and strengthening, as well as inform the broader development community about the potential of organizations working together to accomplish more.

This profile on Nigerian women's networks is the second in a series of profiles that traces the history, growth, challenges, accomplishments, and activities of health networks on their members and on the health of the communities they serve. Health networks in Africa, Asia, and Latin America have been identified, and research is underway to document their growth and development.

Nigeria has a myriad of NGOs that represent and/or serve women and their children; many NGOs have formed dynamic networks to better achieve their objectives. This document investigates a subset of these networks—networks of women's NGOs that provide reproductive health services and information and/or promote reproductive rights—and documents their significant contributions in Nigeria.

In its post-democratic transition, the Nigerian government has given mixed messages about the appropriate role for networks and other civil society organizations in development. This study provides solid evidence of the important role that women's networks have played and continue to play in addressing the needs of Nigerian women and their families and makes a strong case for the government and donors to encourage and support their continued growth and development.

Executive Summary

Reproductive health has emerged as a critical issue in Nigeria, particularly given the severe economic crisis that has beleaguered the country in recent decades. The health status of women and children declined during this period, exacerbated by significant decreases in government funding for health and population since the early 1990s. Even though Nigeria has 2 percent of the world's population, it contributes 10 percent of the world's maternal deaths; the maternal mortality ratio is between 800–1,500 maternal deaths per 100,000 live births. The infant mortality rate is 77 deaths per 1,000 live births and only 29 percent of infants (ages 15–23 months) are fully immunized. The contraceptive prevalence rate is low at 15 percent, and the overall population growth rate is 2.9 percent. A Nigerian woman will bear almost six children on average during her lifetime.

Nigeria has a rich and diverse associational life. Community-based organizations formed by women to collectively meet their responsibilities to children and family form a solid base of civil society and have evolved into complex networks responding to a range of challenges, including those in the reproductive health sector. Over the years, these women's networks have played a significant role in Nigeria and are the subject of this study.

Research conducted in the four geographic regions of Nigeria examined 51 networks of women's non-governmental organizations (NGOs) involved in the delivery of reproductive health information and services and the promotion of reproductive rights. These women's networks have contributed immeasurably to the wellbeing of their members and the communities they serve.

Network Achievements and Strengths

Over the years, women's NGO networks in Nigeria have filled a vital role providing a range of reproductive health information and services to underserved communities. These networks:

- Reach significant numbers of women, men, and children with their services, information, and advocacy and mobilization activities;
- Participate in a wide range of reproductive health activities, including the provision of family planning services and products, individual counseling and community education on sexually transmitted infections and HIV/AIDS, family planning, and harmful traditional practices;
- Provide a trusted source of information and services;
- Work with traditional and religious leaders to neutralize resistance to contraception, end harmful traditional practices, and raise awareness of women's reproductive rights;
- Link their efforts in reproductive health and rights with those in other sectors (such as income generation, literacy campaigns, and voter education and mobilization) to increase their effectiveness and legitimacy;
- Help to institutionalize democratic practices and values among their members and beneficiaries;
- Contribute to the foundation of civil society.

Key Challenges for the Future

While overall women's NGO networks have achieved notable successes, they have grown and matured at different rates and face a variety of challenges. Some challenges are unique depending on each networks' stage of development. However, the following key overarching needs were identified for continuous improvement by all the networks interviewed:

- Improve managerial and administrative capacity;
- Improve technical capacity to deliver reproductive health information and services;
- Diversify funding sources;
- Advocate for government recognition of women's NGO networks' contributions and legitimacy as full partners in development;
- Strengthen internal democratic governance practices.

Lessons from Women's NGO Networks

Women's NGO networks have grown and evolved during a time of great political upheaval and reorganization in Nigeria. Much of the information documented in this study may be instructive to others who are considering or already operating their own networks in other countries. Key lessons that have emerged are summarized under the headings below.

Effectiveness

1. Nigerian women's networks are effective mechanisms for delivering reproductive health services and information and expanding reproductive rights.
2. The most effective and sustainable women's networks were created by NGOs and community-based organizations to address specific, identified problems and functioned for some time in an *informal* fashion before formalizing their operations.
3. Integrating reproductive health activities into programs implemented by women's networks is an effective strategy to increase women's access to reproductive health information and services.

4. Integrating reproductive health efforts into the other work of women's networks helps to ensure the development and delivery of culturally appropriate information and services.

5. Through their social mobilization and advocacy efforts, women's networks have been effective in neutralizing some of the traditional resistance to family planning programs encountered in pronatalist communities or from religious leaders.

6. A strong NGO sector is one of the best ways to ensure that individual women's networks are effective in delivering reproductive health services and promoting reproductive and political rights.

7. Women's network members, known in their communities, provide a trusted primary source of traditional and modern reproductive health information and services.

8. The absence of alternative organized groups with the capacity to meet the economic, social, and health needs of a significant number of women in Nigeria set the stage for women's networks to evolve.

Lessons for Donors

1. A shift of donor funding away from women's NGO networks would have potentially devastating effects on women's reproductive health and rights in Nigeria.

2. On the surface, women's networks may appear to be simple. However, in reality, a complex set of relationships characterizes women's networks in Nigeria.

3. Preferences to direct funding through intermediary groups (the main branch of an umbrella group or the apex unit of a federation) present the risk that assistance will not find its way to those network units that actually represent women and/or provide services to them.

4. Funding of women's networks is most effective after local stakeholders have established ownership of the network and request support for specific programmatic and institutional needs.

5. Sectoral and/or geographic networks that provide a range of services to their members are the most likely types of women's networks to receive unsolicited and/or premature donor support.

6. Support of ‘favored’ network leaders may diminish the development of internal democratic governance within the network.

Capacity Building

1. Training and technical assistance interventions often contribute little to the effectiveness and sustainability of women’s NGO networks because the networks lack the resources needed to apply newly acquired knowledge and skills.

Advocacy and Reproductive Rights

1. Embracing the agenda from the United Nations International Conference on Population and Development has broadened the framework for the struggle for reproductive health and rights among women’s groups in Nigeria. It has also enabled women’s networks to establish strong links with the global agenda for women’s rights.

2. Women’s networks working in reproductive health and reproductive rights are most effective when they work within a broader context of political and economic empowerment.

3. Advocacy and social mobilization are essential to the promotion of reproductive health and rights.

4. Effective advocacy acknowledges limitations imposed by a political environment and advocates for the expressed interests of the concerned majority.

Management and Internal Governance

1. A network’s structure is a major factor in the sustainability of the reproductive health services it provides as well as the support it is likely to receive from beneficiaries.

2. Some of the same causes of division among people such as religion, ethnicity, and age also play out in women’s networks, decreasing their effectiveness.

3. Many of the same values and practices that limit participation and democratic practice in social, economic, and political life, such as the tendency toward centralized decision-making and hierarchical relations, are also found in women’s networks.

4. The internal practice of democracy and good governance by a network’s members can contribute to the promotion of broader societal civic practices and values.

5. The learning and application of democratic governance values within women’s networks enhances women’s social and economic empowerment outside of the structure.

6. Advancing women’s participation in their networks can foster an informed, active, and thus empowered women’s citizenry.

Overarching Issues

1. One of the principal problems facing women’s networks, and civil society generally, is their lack of perceived legitimacy as public actors in Nigerian governance.

2. Shifting funds away from the NGO sector to the Nigerian government will have devastating effects on civil society and the reproductive health sector.

3. Literacy is a critical component of a holistic strategy promoting women’s social, economic, and political empowerment and welfare.

Recommendations

A number of recommendations also emerged from this study, suggestions that donors, women’s NGO networks, and the government might consider to ensure the continued vibrancy and participation of women’s NGO networks in the reproductive health and reproductive rights arena, as well as expand their role as key players in Nigeria’s development.

1. Promote and support a diverse range of women’s networks. In this regard, supporting a wide array of models and strategies, representing the diversity of issues and challenges facing Nigerian women, will help to ensure a vibrant NGO sector.
2. Continue to support women’s NGOs and networks as important channels for delivering reproductive health services and expanding reproductive rights.
3. Continue to support women’s networks to further institutionalize democratic practices and values, while also supporting the government’s needs in the post-democratic transition period.
4. Support literacy and post-literacy programs run by women’s networks, based on adult learning

methodologies, with reproductive health and reproductive rights themes as their content.

5. Donors should be conscious of the tradeoffs that exist in directing funding through intermediary groups.
6. Focus donor support on strengthening existing networks rather than creating networks from scratch. The development terrain is littered with the shells of failed NGOs, sectoral networks, and coalitions.
7. Develop/refine funding selection criteria to guard against negatively influencing the growth, development, and democratic practices of networks. This is particularly true for networks that are young and weak.
8. Provide more comprehensive capacity building assistance to a *select* number of networks, including:
 - Long-term support for full-time, professional secretariats, thus addressing problems arising from volunteer, non-professional staffing;
 - Matching technical assistance and training with long-term programmatic funding tied to achieving concrete development results;
 - A focus on building overall capacity to support community-level workers;
 - Increased support for efforts to build networks' capacity to administer and manage subgrant mechanisms.
9. Promote democracy and governance as a cross-cutting strategy to achieve health and other sectoral results at both donor and recipient program levels.
10. Target federated networks (whether formal or informal, originating at or with strong linkages to the grassroots level) for long-term support while encouraging umbrella networks to open themselves to greater client participation in internal decision-making matters.
11. Develop a comprehensive curriculum on internal democracy and governance, including a component on the values and practices that underlie democratic internal governance, and use it for training network staff at all levels.
12. Include networks, donors, and private voluntary organization implementing partners in early discussions when formulating new strategies in health and democracy and governance.
13. Conduct an analysis of the full range of laws and policies governing voluntary associations, including professional and business associations, cooperatives, and credit unions, in addition to traditional organizations.
14. Encourage government reforms to help ensure that conducive policies and legal and regulatory frameworks exist that encourage the establishment of civil society organizations.
15. Promote the legitimate role of civil society in identifying and resolving public problems. USAID is well placed to facilitate a dialogue between the concerned parties, either in the context of specific sectoral programs, like health, or cross-sectorally as part of its program strategy in democracy and governance.

Introduction

Reproductive health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. [It] therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.²

The Programmes of Action of the United Nations Fourth World Conference on Women (1995) and the United Nations International Conference on Population and Development (1994) make explicit the links between women's reproductive health and reproductive rights, and cast women's reproductive rights as basic human rights. For example, the Programme of Action from the Fourth World Conference on Women states, "The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence."³ The Programmes of Action also highlight the importance of gender equity to achieving reproductive health and reproductive rights, and broaden the mandate of reproductive health programs to include customary laws, traditional cultural and religious practices, policies, and legislation.

Women's organizations have long addressed many important social needs in Nigeria, including health, economic, social support, and solidarity, and the empowerment of women. Increasing levels of poverty and declining health and social welfare expenditures by the government have increased the reliance of women on NGOs to help them to meet their basic needs. Consequently, the organizations have emerged as powerful advocates for improving access to health information and services. The range and complexity of organizations in Nigeria is considerable. Such organizations include community-based organizations, traditional associations (usually based on age,

gender, ethnicity, residence, or religion), professional associations, and others. This variety makes for a dynamic civil society but also makes documenting their activities and their impact on reproductive health and rights in Nigeria challenging.

Civil society in Nigeria is made even more complex by the networks that have formed among these groups. Such networks, often based on regional focus, religion, or target group, have emerged to accomplish a range of objectives, such as to mobilize resources, negotiate power relationships, and collectively respond to poverty and gender oppression through formal and informal groupings. Their essence and characteristics are fluid, blending modern and traditional concepts, reflecting the dynamic situation in Nigeria.

This document focuses specifically on networks of women's NGOs working to improve and expand reproductive health and reproductive rights in Nigeria. The purpose of this exercise was to document their activities and the effects that networks have in achieving these objectives.

The study analyzed 51 women's networks in Nigeria—roughly 11 from each of four regions and eight national networks. The research team examined the social, political, and economic contexts in Nigeria, held discussions with a number of networks and conducted in-depth profiles of 30 of them, and held focus group discussions with network members and beneficiaries.

It is important to note that the focus of this exercise was to document the activities of networks of women's NGOs in Nigeria in delivering reproductive health information and services and promoting reproductive rights. No attempt was made to determine the direct impact of network activity on health outcomes such as contraceptive prevalence, improved child survival, or the like. Not only are outcomes difficult, if not impossible, to discern in the short-term, but limitations in available data precluded this type of analysis in this documentation activity.

NIGERIA



Reproductive Health and Reproductive Rights in Nigeria

Reproductive health has emerged as a critical issue in Nigeria, particularly given the economic crisis that has beleaguered the country in recent decades. Not surprisingly, the health status of women and children has also declined during this period; this has been exacerbated by significant decreases in government funding for health and population since the early 1990s. A Nigerian woman will bear almost six children on average in her lifetime. Even though Nigeria has only 2 percent of the world's population, it contributes 10 percent of the world's maternal deaths; the maternal mortality ratio is 800–1,500 maternal deaths per 100,000 live births. Infant mortality is also high, at 77 deaths per 1,000 live births, and only 29 percent of infants (ages 15–23 months) are fully immunized.⁴

The reproductive health challenges seem particularly acute in the northern states. For example, while nationally, 13 percent of women bear children by the age of 15, this figure is 48 percent in the northern states. Contraceptive prevalence, while relatively low nationally at 15 percent of married women, is only 1 percent in northwestern Nigeria.

The government adopted its national population policy in 1989, seeking to encourage reductions in fertility and promote the continued decline in the mortality of mothers and children. The increased provision of family planning services is a main component of the policy. It also stresses the importance of such corollary measures as improving the status of women, encouraging later marriage for both men and women, offering educational programs for youth, and developing a wide range of information, education, and communication activities.⁵ However,

some women's networks feel that the policy ignores many of the central issues affecting women's reproductive health in Nigeria and fails to take a gender-centered approach. They feel that the policy does not adequately address the obstacles posed by unequal gender relations in Nigerian society and imposes limits on women's fertility (it aims to reduce the proportion of women who have four or more children) but does not impose limits on men's fertility. In addition, they feel the policy ignores sensitive but important issues like abortion⁶ and infertility, and does not address other laws that are directly related to women's reproductive health, such as those related to divorce, inheritance, polygamy, and other customary laws.⁷

Table 1: Indicators of reproductive health and reproductive rights

Indicator

Annual population growth rate	2.9%
Population under age 15	44%
Total fertility rate (1990–1995)	5.8
Girls married before age 15	35%
Maternal deaths per 100,000 live births	800–1,500
Married women in polygamous union	41%
Female-headed households	14%
Median age at first marriage, women aged 25–49	16.9
Contraceptive prevalence (all methods), married women	15%
Infant mortality (deaths per 1,000 live births)	77
Infants (15 to 23 months) fully immunized	29%

Women's networks throughout Nigeria have responded to the many challenges in the reproductive health sector. Some of the key issues that these women's networks address include:

- **Building linkages between reproductive health services and information and political, economic, and social needs**, such as increasing rural production and literacy.
- **Promoting positive male involvement** through outreach and partnerships with traditional male religious and community leaders.
- **Addressing adolescent reproductive health** through social mobilization, services, and youth empowerment.
- **Preventing infant and maternal mortality and morbidity** by training community health workers.
- **Addressing women's reproductive health** by promoting the eradication of female genital cutting and vesico-vaginal fistula and preventing violence against women.
- **Establishing and strengthening links with social and professional groups**, such as religious and professional women's associations.
- **Enhancing the capacity for policy advocacy regarding reproductive health and reproductive rights** by addressing international conventions and agreements, traditional community authorities, human rights, civil liberties, and economic and social rights, such as access to credit and inheritance.

The networks' strategies reflect the diversity of issues and the complexities of Nigerian society. For example, in northern Nigeria, Muslim women in seclusion (*purdah*) have established self-help/social associations within the confines of their compounds, while elsewhere, market women have formed associations to address the issues that are relevant to them. In the northern areas, networks are focused on eradicating early marriage among girls, which is thought to be associated with a disproportionately high prevalence of vesico-vaginal fistula.

Gender

The underlying concepts and practices concerning gender in Nigeria help to determine the principle reproductive health and reproductive rights issues facing women. Patriarchal ideologies and systems are entrenched in the social, cultural, and religious fabric of the society. Women are the main caretakers of family health and welfare, but often do not have the right to make decisions around these issues. Nevertheless, it would be erroneous to assume that women play no role in creating this environment. Women participate actively in and perpetuate these systems, since it is within this cultural environment that they derive their identities, emotional comfort, and social and economic security.

The recent reintroduction of Islamic law (*shariah*) in several of Nigeria's northern states has had considerable implications for women's reproductive health and reproductive rights. Under Islamic law, religious precepts influence every aspect of a person's life. While many people argue that Islamic law contains extensive protections for women, others feel that the interpretation of the law by patriarchal religious leadership has distorted these religious teachings to favor men and oppress women. Furthermore, the fusion between local customs and Islam has created conditions that may place women at even greater reproductive health risk. Muslim women's organizations, like the Muslim Sister Organization (MSO) and Federation of Muslim Women's Association of Nigeria (FOMWAN), address reproductive health issues within the context of Islam, working to make their programs consistent with religious teachings while still extending much needed services and expanding women's reproductive rights.

Sociocultural characteristics also affect women's reproductive health and rights in Nigeria. For example, the three types of marriages—civil, customary, and religious—prescribe rights and responsibilities differently for men and women, and the application and interpretation of laws nearly always discriminate against women.

To circumvent social and economic obstacles, women devise strategies that include negotiation, compromise, accommodation, pressure, and outright protest.

Socioeconomic Context

Poverty is a predominant characteristic of life in Nigeria. The United Nations Development Programme ranks it among the 25 poorest countries in the world, and in 1998, the gross domestic product per capita was US\$ 795 (See Table 2).⁸ The standard of living for most Nigerians was poor throughout military rule, but the socioeconomic crisis was most acute between 1993 and 1998. During this period, poverty increased, the social and economic infrastructure deteriorated, shortages of fuel and power and disruptions to telephone service became commonplace, and public services virtually ceased. A World Bank poverty assessment also suggests that poverty in the northern states has been slowest to respond to anti-poverty interventions between 1985 and 1992.⁹

Table 2: Poverty indicators in Nigeria

Indicator

Gross domestic product (1998)	US\$ 795
Population below national poverty line (1987–1997)	43%
Population without access to safe water	51%

Political Life and Civil Society in Nigeria

Nigeria held its first democratic elections in 16 years in December 1998. They marked the beginning of Nigeria's democratic transition, following the better part of three decades of military dictatorship. Ironically, the opening up of the political system has led to equally serious challenges to the young democracy. Ethnic divisions, which had been largely repressed throughout military rule, have been reinforced by regional and religious cleavages and have given rise to clashes between northerners and southerners. The unequal allocation of public resources to the regions has also provoked unrest, particularly in the east and southeast.

The lack of democracy has been especially difficult for Nigerian women. Underrepresented in formal politics, women have lacked mechanisms to articulate their interests and concerns in the public policy arena. Women are rarely found as party nominees or in elected positions, and there are few women appointees in the government. In several northern states, Islamic law places women's reproductive

rights in a unique political and legal context, emphasizing women's traditional roles as wives, mothers, and homemakers.

Between independence in 1960 and the mid-1980s, few new, formal women's networks came into existence, as military governments were generally hostile to autonomous associations. However, the 1980s and 1990s were a unique period in the development history of Nigeria. Successive military governments compensated for their violation and denial of human and civil rights by tolerating and often actively supporting the 'softer,' women-focused voluntary associations. Notably, the Office of the First Lady was the political mechanism used for this purpose, which designed programs to benignly structure women's participation.

Women's issues were institutionalized at the national level in 1987 when the government created the Better Life Program. The government launched the program within the context of its structural adjustment efforts, which focused on generating foreign exchange for debt servicing and repayment by encouraging male farmers to increase production. The program complemented these efforts by targeting rural women, seeking to promote their economic, political, and social development. To this end, the program sponsored income generating activities, vocational training, literacy programs, and social welfare and health programs. The program, taken over by the National Commission for Women in 1989, echoes the state's traditional views on gender roles, promoting the role of women as wives, mothers, and secondary breadwinners. As part of its efforts in the 1990s, the Commission created a national women's policy, which has not yet been signed into law. The policy does not address reproductive rights; for example, it is silent on women's rights to contraceptives and abortion and on their rights to determine whether and when they will have children.

Reductions in government expenditures for social welfare in the 1980s and 1990s gave rise to a mushrooming of women's associations focused on helping women meet their needs and those of their families. Nigerian associational life is rich in terms of both density and diversity. Community-based organizations, formed by women to collectively fulfill their responsibilities to children and family, create a solid base upon which civil society rests. These organizations are sustained by values of mutual obligation, consensus, and reciprocity—norms that underlie a

strong civil society. Modern women's associations, including 'classic' development NGOs and professional groups, are a relatively new phenomenon in the country. Traditional associations, formed initially around affiliations of residence, ethnicity, age, or religion, are the most numerous and ubiquitous. During the past 15 or 20 years, traditional associations have taken on more modern development functions by connecting their members to information and services available in formal public arenas (see Box 1).

Box 1: Traditional women's association taking on modern development functions

As traditional associations assume development functions, their potential as networks for improving reproductive health and expanding reproductive rights grows.

- Thousands of Christian and Muslim religious groups have taken on a range of health education and referral functions on behalf of their members.

- In northern Nigeria, recreation-based associations, including youth, drama, sports, and cultural clubs, are exploring themes such as social relations, good governance, and interpersonal relations.

- Women's chapters of the residentially-based town union movement—Otu Umuada/Umuokpu and Otu Ndi Inyom/Inyom and the Progressive Union—have moved beyond solidarity and maintaining social customs to serving as channels for governmental and non-governmental programs in reproductive health.

In addition, international and Nigerian NGOs have created or restructured and strengthened traditional associations into modern community-based organizations. For example, the 100-Women Group model from the Center for Development and Population Activities (CEDPA) has been institutionalized by the Confederation of Osun Community-Based Organizations and Women and Development Movement of Nigeria, and adopted by a significant number of women's groups around the country. These groups were originally organized to register and elect voters in preparation for Nigeria's first democratic presidential elections. Networks and other women's groups have adopted this model to further their advocacy efforts and reach more women with services and information.

Nigeria's regions differ significantly from one another in terms of socioeconomic indicators, religion,

cultural practices, ethnicity, and so forth. For example, the northern section of the country has a higher level of poverty than the rest of the country, has fewer health and education resources, and more traditional attitudes and practices predominate. This diversity is reflected quite clearly in the variety of community-based organizations and other groups found in each region, although there are also many similarities among these groups. Box 2 contains some examples of this regional diversity.

Box 2: Regional diversity

- The **southwest** and the **east** have the highest density and greatest diversity of traditional associational life. They also account for the majority of women's networks; many consider the southwest to be the 'cradle' of the modern NGO network movement. Higher numbers of international donors, a history of active women's associations coupled with the presence of professional medical associations and a pool of highly educated women account for the high level of network activity around reproductive health.

- While traditional affiliations are still the principal force for association in the **southwest**, there has been a growing trend of cross-affiliations, particularly based on profession and socioeconomic class. In addition, among federations, coalitions, and networks, there has been a greater tendency to ignore the basic societal cleavages of traditional Nigerian life for the social and economic benefits of collective action.

- Conversely, in the **north**, while the number of traditional women's associations is moderate to high, they lack true diversity. This follows the same convergence of regionalism, Islam, and ethnicism that marks the north as a whole; most traditional women's associations and many NGO networks affiliate around Islam. On the other hand, a number of modern networks are among the most powerful women's organizations in the country, and northern women have come to dominate several of the larger, more prominent national networks.

- Community-based organizations in the **middlebelt** region far outnumber more formal NGOs and NGO networks. One notable change occurring in traditional associational life is the breakdown of rigid divisions along gender lines as both men and women join together to create new community-based organizations addressing a range of social and economic problems.

Networking is a critical strategy for furthering the advocacy agendas of voluntary associations. NGOs in Nigeria join networks almost out of necessity to overcome a range of social, economic, and political obstacles. Networks help to connect women to political, social, and economic processes beyond the local level, and to ensure that women's concerns are addressed in local, state, and national policies. A growing number of NGO networks, such as Country Women of Nigeria (COWAN), have structured women members into thousands of cooperatives throughout the country. Such changes closely parallel the emergence and growing power of Nigerian civil society and the greater participation of citizens in public life.

In many ways, the role of formal women's networks today resembles the role that traditional women's associations have played in Nigeria for centuries, ensuring mutual aid, promoting social solidarity, and addressing shared problems, particularly the unique problems confronting women.

Women's NGO Networks, Reproductive Health, and Reproductive Rights

Networks of women's NGOs have a variety of functions related to the delivery of reproductive health services and promotion of reproductive rights, including the provision of:

- Health care
- Support for emotional and spiritual needs
- Access to resources
- Transmission of social values on sexuality, reproductive health, and gender roles
- A safety net
- Kinship
- Advocacy.

These networks transmit information, promote solidarity, and marshal resources from the local to the national and international levels and vice versa. As a prerequisite for improving the reproductive health of women and expanding their reproductive rights, many women's networks focus on poverty alleviation. Taken together, these dynamic NGO networks provide the 'infrastructure' necessary for a positive impact on women's reproductive health.

Traditional associations and community-based organizations form the basic units of service delivery and social mobilization for virtually all women's networks. An intermediary realm of NGOs and networks provides a vehicle to extend the voices of communities upwards and connects community-based organizations to arenas of power and decision-making, in addition to providing services.

This study focused on three general types of women's NGO networks in Nigeria, **umbrella networks**, **federated membership networks**, and **specialized support networks**. It is important to note, however, that the variety of network types within these two categories is enormous, and many organizations have characteristics of each group.

Umbrella networks are created from the top-down by a single NGO with branch offices and/or community-based organization clients. In this model, these

organizations are client-beneficiaries, often receiving support services and financial assistance from higher levels of the network. The community-based organizations usually work through community health workers, traditional birth attendants, and other community-level workers to provide information and services, and to mobilize women.

COWAN is an umbrella network of economic cooperatives attempting to eradicate poverty through the economic, social, and political empowerment of poor women. It has a national-level office and operates branch offices throughout the country. These branch offices in turn have local affiliates that provide services. For example, one state chapter (Plateau) operates at the state, local government area, ward, and village levels and has a statewide network with 400 community-based organizations. Each of these community-based organizations relates directly to the state chapter; each elects its leaders, who meet with the state chapter quarterly. See Box 3 for more information on umbrella networks in Nigeria.

Box 3: Umbrella organizations in Nigeria

■ **COWAN** is a network of economic cooperatives with the aim of eradicating poverty through the economic, social, and political empowerment of poor women. It implements a range of microcredit and savings programs supporting cottage industries and small-scale agricultural enterprises. The network views reproductive health and reproductive rights as integral to women's empowerment, and has trained community-based distribution workers, traditional birth attendants, and community health workers to provide reproductive health services and mobilize women to promote and defend their interests. Its work also includes working with youth clubs to increase awareness of unwanted pregnancies, AIDS, and sexually transmitted infections.

■ **Church of Christ in Nigeria Women's Fellowship** is a fellowship of 1.2 million female members of the Church of Christ in Nigeria. The

(continued on following page)

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fellowship promotes social welfare activities, focusing on issues like HIV/AIDS prevention and child spacing and convincing church leaders of the importance of reproductive health and rights issues. Like the church itself, the fellowship is extremely hierarchical but is an effective structure for communicating with and mobilizing women.

■ **Muslim Sisters Organization**, a network of Muslim women's groups, works within the tenets of Islam to address reproductive health and basic human and reproductive rights among Muslims. It promotes civic responsibility among youth, sexuality education for youth, and the prevention of HIV/AIDS and sexually transmitted infections, and has forged close ties with religious authorities to spread messages concerning reproductive health and democracy and governance.

Federated membership networks are built from the bottom up by NGOs and community-based organizations that regroup along geographic or functional lines, retaining their individual identities but coalescing for a common purpose. In principle, the governance arrangements in this type of network are quite democratic; the community-based organizations comprising the network's members are the owner-beneficiaries and participate in the network's internal organizational matters.

The National Council of Women's Societies (NCWS), founded in 1958, is an example of a federated network. Its membership comprises independent NGOs and community-based organizations, each with its own constitution, aims, and objectives, that use the NCWS platform to formulate and disseminate women's opinions and ideas. Through advocacy and by representing requests and petitions for social and political reform, NCWS takes members' concerns from the grassroots up to all levels of government as well as to society at large.

At the state level, NCWS/Plateau brings together 85 women's associations, cooperative societies, and groups of female traders, farmers, and food processors. The state secretariat provides technical advice, gives microcredit loans, and coordinates the affiliated community-based organizations in the local government areas. See Box 4 for other federated membership networks in Nigeria.

Box 4: Federated membership networks in Nigeria

■ **NCWS** is a national-level federated network promoting women's economic and social advancement and fostering cooperation among organizations. The network provides a platform for formulating and disseminating women's opinions and ideas, while its members undertake advocacy, social mobilization, and reproductive health service delivery throughout the country.

■ **Confederation of Osun Community-Based Organizations** is a formal coordinating body for 100-Women Groups in 12 local government areas of Osun state. Among other activities, it works with traditional women's leaders and community-based organizations and workers to eradicate traditional cultural practices harmful to women.

■ **Federation of Muslim Women Associations of Nigeria** demonstrates the phenomenon of networks composed of members from other women's networks. Members of MSO founded the Federation, of which MSO is now a member.

■ **Oyo State Market Women's Association** is a network of market women at the state level that is composed of 100-Women Groups. It has mobilized market women from around the state to support female political candidates and to gain better locations and conditions for female marketers.

■ **Association for Reproductive and Family Health** is a network of NGOs and community-based organizations focusing on women's reproductive health, empowerment, and reproductive rights, and male involvement. It has also created a network of 324 primary schools and student-led, adolescent peer education groups that it works to strengthen and support.

■ **Adolescent Health Information Project** is a network of school-based health clubs and other groups providing information and skills to adolescents to help them make responsible choices regarding sexuality and health.

■ **Women and Development Movement in Nigeria** is a network of community-based organizations in 16 local government areas in Ogun state with reproductive health programs, organized to coordinate their activities. Its primary focus is working with community-based distribution agents and community health workers.

Specialized support networks provide a range of services to other networks, including technical assistance, training, information collection and dissemination, sectoral and geographic representation, coordination and advocacy, and resource mobilization. They do not directly deliver program services to the local level; Box 5 describes several of these specialized support networks.

Box 5: Specialized support networks in Nigeria

- **The Nigerian Participatory Research Network** in the southwest conducts AIDS research, which it uses to formulate policy and undertake advocacy.
- **The International Federation of Women Lawyers** provides free legal services in the middlebelt, through NCWS and in conjunction with AWASH, which undertakes legal literacy training.
- Networks such as **International Reproductive Rights Research Action Group** and **Gender and Development Action Organization** conduct research and documentation on a variety of important issues, most notably on adolescent reproductive health needs.
- Professional associations, such as the **Nigerian Union of Women Journalists, the National Association of Nurses and Midwives, the Women Judges Association, and the Women's Medical Association**, work with and through most of the major networks, providing them with training and technical assistance around issues of reproductive health and rights.
- **The Nigerian Ethics Network** treats the rights of people living with HIV/AIDS as human rights issues; it conducts training for other networks, publishes a newsletter on disabilities, and holds meetings and workshops.

Networks of Networks

Networks in Nigeria are complex structures and in many cases, nested, forming **networks of networks**. These can be issue-specific or more general, permanent or temporary, formalized or informal alliances, or regional or national in scope. The following description (Box 6) of the Council of (HIV) Positive People exemplifies what is in fact a widespread feature of Nigerian women's networks.

Box 6: The Council of (HIV) Positive People

- The Council of (HIV) Positive People (COPOP) is a network of families and individual people living with HIV/AIDS. It currently operates in Kano, but is also reaching out to counterparts in Kaduna and Abuja.
- COPOP is also a member of the Africa-wide Society of Women and AIDS in Africa (SWAA)/ Kano Branch, which is itself part of SWAAN, the Nigeria branch of SWAA, headquartered in Lagos.
- SWAAN is in turn part of the SWAA Africa regional network, which belongs to several other regional networks, as well as a number of international HIV/AIDS networks, consortia, and coalitions. The national organization has several state branches, many of which have a presence in many local government areas.
- SWAAN/Kano is a member of the regional group called the Northern League of NGOs. SWAAN and its state branches are members of the national sectoral health and population network, Coalition of Nigerian NGOs on Health, Population, and Development and the national youth network, the National Association for the Promotion of Adolescent Health and Development; and two national women's networks, NCWS and Women in Nigeria.
- Finally, COPOP is discussing with SWAAN/Kano the possibility of launching itself as an independent non-governmental organization.

One of the greatest strengths of national, non-sectoral networks like NCWS is the channel that they offer to more specialized networks, as well as to government agencies, wishing to pass reproductive health information, goods, and services up and down the ‘communication grid.’

Examples of networks of networks include national sectoral networks in health and population, such as Coalition of Nigerian NGOs on Health, Population, and Development (CONNOPHD) and the National Task Force on Vesico-Vaginal Fistula (NTF-VVF), national level networks, like NCWS, and regional consortia like the CBD–NGO Consortium in the middlebelt region.

All of the largest and most powerful women’s networks and the majority of the newer and smaller ones are members of different national and international networks. Some of these multiple memberships have been promoted as a result of donor funding. A related and increasingly common mode of operation is that different networks have overlapping membership but provide different types of support to them. For example, under USAID’s Democracy and Governance Initiative,¹⁰ the Church of Christ in Nigeria (COCIN) Women’s Fellowships and COWAN target the same community-based organizations—COWAN addressing reproductive health and COCIN focusing on democracy and governance.

Profile: Country Women of Nigeria (COWAN)

Country Women of Nigeria (COWAN) is an organization of economic cooperatives founded by Chief (Mrs.) Bisi Ogunleye in 1979 in Ondo state. COWAN's mission is the eradication of poverty through the economic, social, and political empowerment of poor women. COWAN approaches reproductive health and reproductive rights as integral to empowerment. Its core work involves a range of microcredit and savings programs, providing loans to support cottage industries and small-scale agricultural enterprises such as yam mills, palm oil and *garri* (a staple food made from cassava) production, and rice processing. Today, it has chapters in 28 states throughout Nigeria, with a membership of 200,000 individuals structured into 7,000 community-based organizations.

COWAN's 35 staff members at the national secretariat provide support and financial grant assistance to the state chapters, which in turn support community-based organizations. State chapters closely parallel the national body. For example, the Plateau state chapter operates at the state, local government area, ward, and village levels; it has a network of 400 community-based organizations statewide. Its two paid, full-time staff members provide training and technical assistance to its members. COWAN/Plateau's community-based organizations relate directly to the state chapter; each elects its leaders, who meet with the state chapter quarterly.

At the grassroots level, trained community-based distribution agents and traditional birth attendants, themselves attached to the community-based organizations, serve as trusted and effective channels of information on reproductive health and mobilize women to promote and defend their interests. COWAN community centers bring together community-based organizations for regular meetings and information exchange. COWAN also uses the 100-Women Group advocacy model, regrouping community-based organizations into coalitions and making it easier to deliver services and training and to extend women's voices to higher levels of decision-making.

COWAN's collaboration with other networks and NGOs at both the national and state levels helps connect women to political, social, and economic processes beyond the local level. For example, COWAN/Plateau is an affiliate member of the state chapter of the National Council of Women's Societies, through which member community-based organizations help to ensure that women's concerns are addressed in local, state, and national policies. In some projects, COWAN works with other networks to provide support to community-based organizations; for example, under the Democracy and Governance Initiative, COWAN focuses on reproductive health while another network, COCIN Women's Fellowship, focuses on democracy and governance.

COWAN programs depend largely on funding from donors like the Ford Foundation, EZE of Germany, United States Information Services, USAID, the MacArthur Foundation, and Hunger Initiatives. Other funds come from member dues (each community-based organization contributes about US\$15 per year), the sale of family planning commodities and skills development products, and the interest generated from loans to members.

Integrated Programming

As COWAN's reach has expanded, its programming has become more integrated and comprehensive, incorporating a wider range of issues and services, addressing new target groups, and consolidating the links between economic empowerment and political empowerment on the one hand and between economic empowerment and increased access to reproductive health information and services on the other. For example, the family planning project in Ondo state, initiated in 1988 as a community-based distribution program, has expanded to include treatment and prevention of minor ailments, malaria, and sexually transmitted infections. Its clinic provides family planning services and treats minor ailments for about 25 women and children each day.

Specifically, COWAN's integrated family planning and health project had the following results:

- Trained 520 community-based distribution agents and 50 traditional birth attendants
- Served 39,500 new and 38,900 continuing family planning clients
- Provided 14,600 referrals for clinical services
- Reached 91,000 with counseling, information, and referrals on sexually transmitted infections
- Reached 884,970 with information on maternal and child health and other health issues

COWAN also focuses on empowering young people. It estimates that almost half its members are young women, and it has brought many adolescent women into its services and programs. It also operates the Life Options Planning program for young people, and trains peer educators to work with youth clubs to prevent unwanted pregnancies, HIV/AIDS, and sexually transmitted infections. Increasing numbers of young married women are in leadership positions, and many youth claim that the messages they have received have influenced their sexual behavior.

COWAN integrated political empowerment into its programming in Ondo and Ekiti states in 1997 when it joined the Democracy and Governance Initiative. After receiving training in basic principles of democracy and in group facilitation, COWAN members formed 100-Women Groups throughout the states. The groups held press conferences, at which grassroots women spoke out on issues of reproductive health, reproductive rights, civic participation, and economic wellbeing. They mobilized millions of women during voter registration and elections, and petitioned traditional leaders and local governments for road repair and other services. The women also gained the support of traditional rulers, their wives, chiefs, and the chairmen of local government areas in many communities. Loans to the poorest of the poor in some communities were a special component of the program, designed to sustain their interest and discourage them from selling their votes.

Both members and the leadership highlight the impact that the combination of these activities has had. Members view COWAN as an organization that provides a range of useful, responsive services that help them to improve their lives and have confidence in their ability to demand their rights.

Description and Findings

This section examines the effectiveness of women's networks in delivering reproductive health services and promoting reproductive rights. It focuses on the nature of the models, strategies, and approaches that women's networks have employed to reach communities with reproductive health services and to mobilize women to advance and defend their reproductive rights.

Specifically, it addresses the following questions and issues:

- What approaches did network member organizations use to achieve results in reproductive health and reproductive rights in terms of community outreach and mobilization?
- How did NGOs build on their existing relationships with communities? What specific barriers—gender, social, cultural—did they encounter and how did they overcome them?
- What lessons emerged and what questions remain?
- Has linking reproductive rights and reproductive health with other development sectors succeeded in expanding reproductive rights and improving reproductive health?

First, however, is a description of the general network characteristics, including their sector focus and the services they provide.

Two-thirds of the 51 networks studied were formed after 1989. In general, the older networks, like COWAN, Association for Reproductive and Family Health (ARFH), and NCWS, are larger and more effective than those formed post-1989 in delivering and sustaining reproductive health services and/or reproductive rights activities for members and clients and in extending the voices of women beyond the very local level.

More than 80 percent of the networks were formed by a small group of like-minded people, largely elite-led and urban-based women, as opposed to membership organizations emanating from the grassroots level. This is consistent with the fact that most networks identified in the study were umbrella networks rather than federations. Strong leaders have been critical in the formation, growth, and maintenance of networks. However, these leaders have often been unwilling to move into less visible roles to ensure the institutionalization of the network, undermining even some of the best known networks.

The majority of networks (51 percent) were formed to provide increased economic opportunities for their members or have added economic programs to the reproductive health services they were already providing. For example, NCWS was formed to improve the welfare of women (among other things) but has added reproductive health activities, such as efforts to reach market women, to its programs. On the other hand, ARFH began as a reproductive health network but incorporated credit and microenterprise activities, with women as its primary beneficiaries.

The many network activities that combine reproductive health and economic activities suggest that such issues are intertwined to a considerable extent. In fact, the network staff interviewed made a strong correlation between economic empowerment and political empowerment on the one hand, and between economic empowerment and increased access to reproductive health information and services on the other.

Women's groups involved in reproductive health belong to several of the larger women's networks, such as NCWS and Women in Nigeria (WIN), which do not have a specific sectoral focus. In addition, most typically belong to broader, non-gender based networks, like the CBD-NGO Consortium in the middlebelt region and the National Association for the Promotion of Adolescent Health and Development.

The vast majority of the networks studied (85 percent) are involved in service delivery. Of these, almost 50 percent operate their programs on a national scale, while 15 percent work on a regional basis, and 20 percent limit their activities to specific states. The remaining 15 percent offered only support services, such as technical assistance and training, often to other networks, with no operational presence outside of their principal office.

Figure 1 and 2 summarize the services provided by the networks examined in this study. [See Annex 1 for a more detailed breakdown of network services by sector.]

Figure 1 indicates that 92 percent of the networks surveyed work on reproductive health issues. Within this group, more than 50 percent indicate that their principal activity involves training community health workers, including community-based distribution agents and traditional birth attendants. Other activities include antenatal and postnatal care, information, education, and communication campaigns, counseling on sexually transmitted infections, and so forth.

Notably, 84 percent of the networks stated they are involved in promoting reproductive rights. It is important to note that two-thirds of networks are involved in some form of literacy education. These efforts often integrate health education, child spacing and survival, and nutrition themes into the lesson content.

Figure 2 on the following page demonstrates that the networks surveyed provide a wide range of services to their members. The most common of these is information dissemination (82 percent), followed closely by technical assistance and policy advocacy (80 percent each).

Reproductive Health Services Strategies

Given Nigeria's size, in both area and population, and its regional, religious, ethnic, and cultural diversity, no single strategy to improve reproductive health services and rights could hope to be effective. Indeed, the study demonstrated that there are as many strategies to address women's reproductive health and repro-

Figure 1: Sectoral services provided by 51 networks (% providing each service)

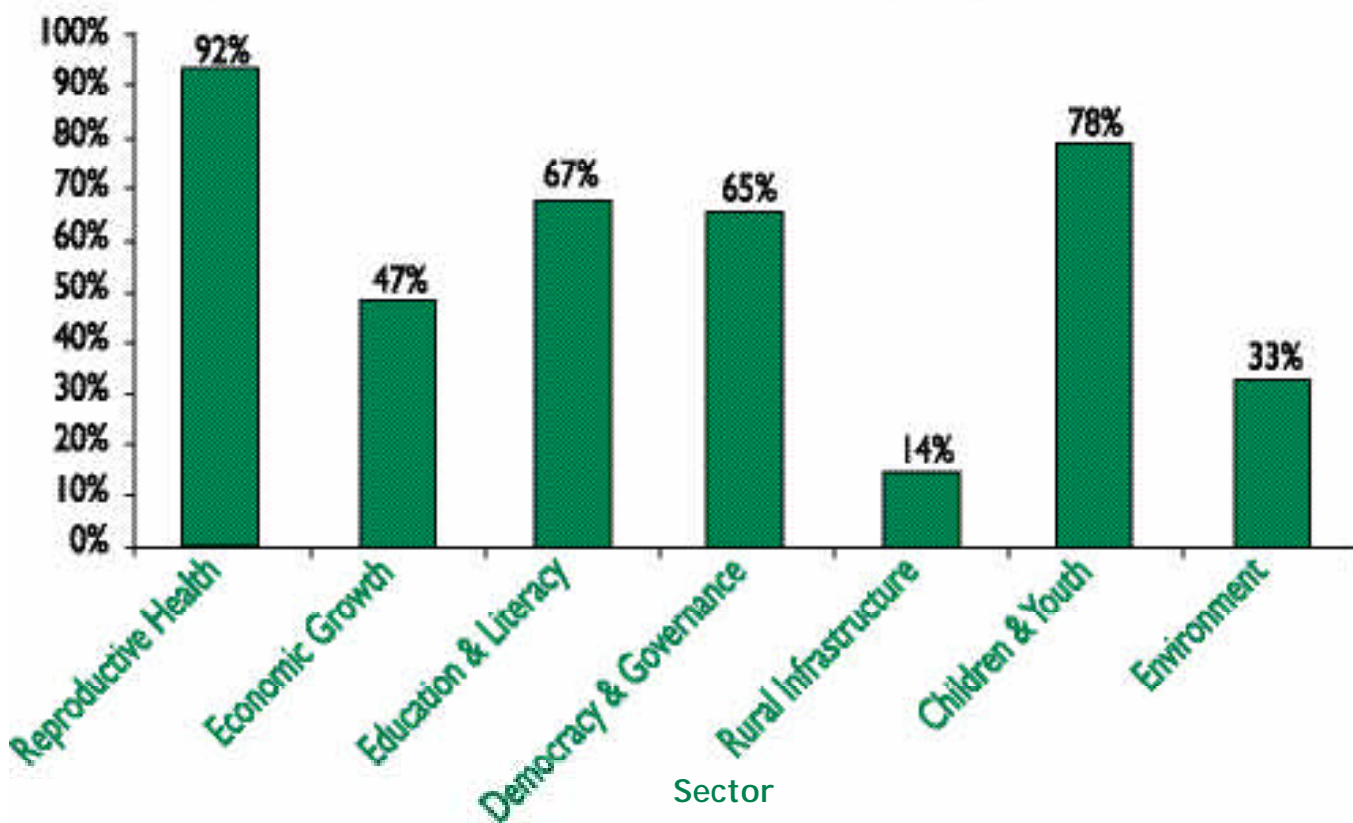
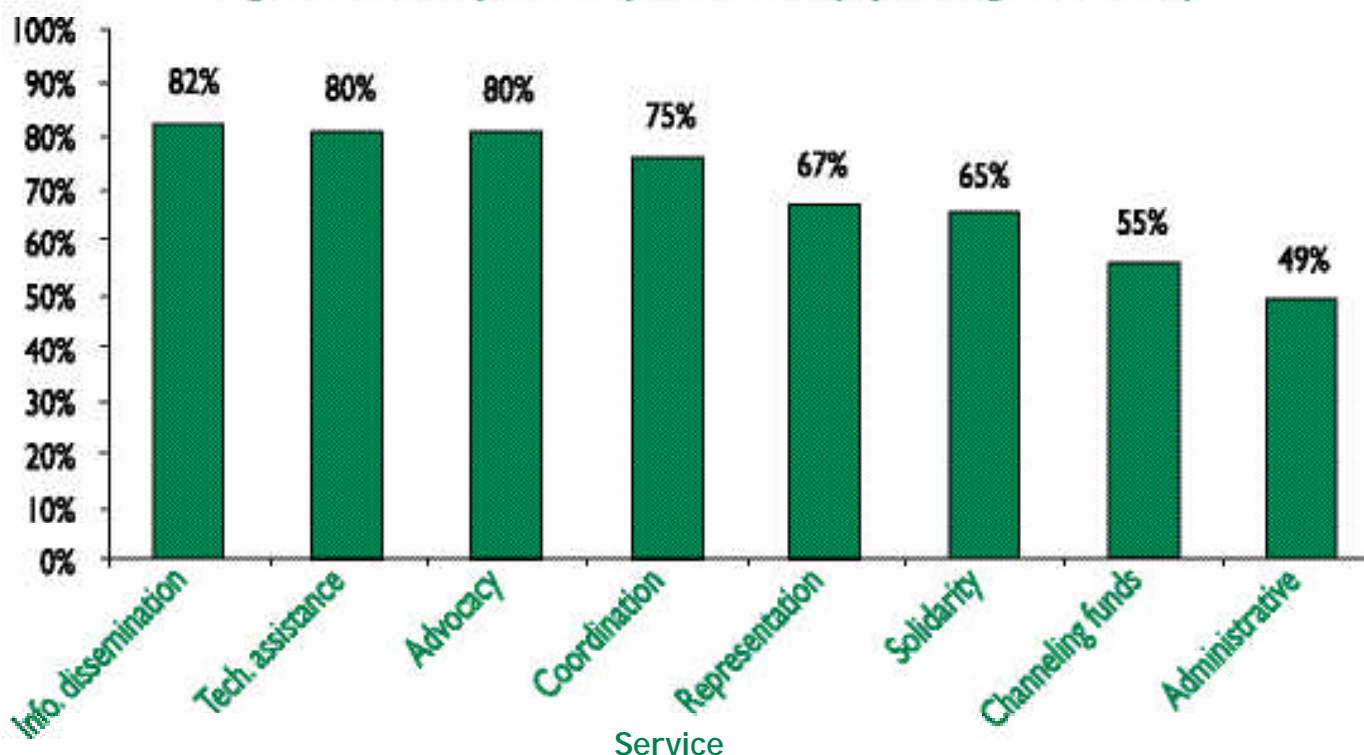


Figure 2: Services provided by 51 networks (% providing each service)



ductive rights as there are women's networks. Networks of women's NGOs in Nigeria are a dynamic lot, in a constant state of change and rebirth, responding to their external environment. They use a variety of approaches to deliver reproductive health services and a range of strategies to encourage the government and other power-holders to promote policy change and advance women's rights and interests. The diversity of institutional arrangements and strategies among women's networks is a key strength, and ensures that the many social, economic, and political problems facing Nigerian women will be addressed.

Using Community-Level Workers

Networks often use community-based distribution agents, traditional birth attendants, and community health workers to introduce and provide needed reproductive health services, and mobilize women to promote and defend their interests, including reproductive rights. These community-level workers are attached to grassroots community-based organizations, which are in turn linked to broader state-wide and national networks. Because the workers are members of the communities in which they work, they are a trusted source of information and services, with established legitimacy.

The effectiveness of using community-level workers to provide information and services is well documented. For example, with its 520 trained community-

based distribution agents and 50 trained traditional birth attendants in Ondo state, COWAN generated nearly 40,000 new and 39,000 continuing family planning clients and reached 245,000 individuals with information on maternal and child health. Similarly, in Anambra state, NCWS generated more than 63,000 new family planning clients and provided maternal and child health services and information to more than 46,000 people using this approach. See Table 4 on the following page for more on the success of these networks in providing reproductive health services.

Faith-Based Networks

Faith-based networks of Christians or Muslims, such as the COCIN Women's Fellowship, FOMWAN, MSO, and the Catholic Women's Organization, are important and effective in extending reproductive health services to women.

FOMWAN, for example, emphasizes the health aspects of child spacing and its compatibility with the tenets of Islam. Further, it acknowledges the particular religious and cultural constraints that Muslim women face and works to minimize them. In one instance, FOMWAN opened a clinic in Jos because Muslim women there were either reluctant to or unable to use conventional hospitals—they often have restrictions on their mobility, and being examined by a male doctor may be problematic. This clinic

Table 4: Service statistics from COWAN/Ondo and NCWS/Plateau and Anambra

Number of:	COWAN/Ondo	NCWS/Plateau and Anambra
Community-level workers trained ^a	570	349
New family planning clients	39,500	82,373
Continuing family planning clients	38,900	98,267
Referrals for clinical services	14,600	9,100
Clients reached with information/ services on maternal and child health	245,300	57,541
Clients reached with counseling/ information on STIs ^b	91,000	57,644

^a Including community-based distribution agents, traditional birth attendants, and market-based distribution agents.

^b STIs=Sexually transmitted infections

is strategically located and provides integrated services in family planning, child survival, and treatment of minor medical conditions, permitting the women to address their own needs and those of their children simultaneously.

The principal strength of faith-based groups is their organization and structure from the grassroots level (for example, congregations or mosques) to the national level. Thus, activities can be launched from top to bottom at the same time that input to programs can be diffused from bottom to top.

Working within the framework of Islamic law or other religious doctrine can also increase the acceptability of reproductive health programs to women and their communities (See Box 7). While religious injunctions in both the Bible and Koran have been used to limit reproductive health education and improved practices, they are now just as frequently used to promote them. As such, some networks target traditional and religious leaders for their support to improve practices and reform reproductive health policies in Nigeria.

The principal constraint of many faith-based networks in providing reproductive health services and expanding reproductive rights is their views of sexuality and reproductive health, particularly their views of contraception and reproductive rights. However, HIV-positive focus group participants noted that the newer churches, such as the Pentecostal church, were less judgmental and more receptive than traditional churches to people living with HIV/AIDS.

Box 7: Activities of faith-based networks

- **FOMWAN** works with religious leaders to prevent female genital cutting, vesico-vaginal fistula, HIV/AIDS, and early marriage.
- In its democracy and governance program, **MSO** trained 100 youth in civic responsibilities in their schools using Islamic injunctions to promote human rights; it has also collaborated with theologians and religious leaders (*Ulemas*) to spread messages concerning both democracy and governance and reproductive health. It has also worked through a number of unusual grassroots associations, including networks of local barbers, to promote education on the prevention of sexually transmitted infections and HIV/AIDS.

Collaborating with Other Networks

Umbrella networks are targeting their federated counterparts for collaboration and capacity building, increasing their ability to deliver reproductive health services to women. For example, Women in Health Development works with a number of branches of women's Town Unions Abroad in eastern Nigeria. Similarly, collaboration is occurring between professional associations, such as the International Federation of Women Lawyers (FIDA), the National Association of Nurses and Midwives, and the National Association of Women Journalists, and federated networks. FIDA and a reproductive health network called Women, Law, and Development collaborate to denounce policies on inheritance, custody, and divorce.

Involving Men

Men have traditionally been seen as opposed to the use of contraception and women's reproductive rights. Using a variety of strategies, a number of networks specifically involve men in their activities to help transform them into advocates for reproductive health. The COCIN Women's Fellowship invites husbands to picnics at which reproductive health issues are discussed, while the ARFH, NCWS, COWAN, and Women's Health, Education, and Development routinely train men as reproductive health educators and community-based distribution agents. Other strategies include involving men in advisory capacities in the networks, inviting religious and community leaders (usually men) to officiate at highly visible events, and participate on network committees. Such involvement often neutralizes resistance to network activities and contributes to network legitimacy.

Working with Specialized Support Networks

Many of the federated networks, such as the Daughters of the Soil, other town unions, and the Market Women's Association, have a broad-based, grassroots membership but have little development expertise. However, they provide excellent channels for more specialized support networks like Development Education Center and Gender and Development Action Organization (GADA) to deliver important services to members and/or mobilize them for educational or advocacy purposes.

An increasing number of specialized support networks with research capacity, like the International Reproductive Rights Research Action Group, are working with other networks, engaging in more effective policy advocacy based on the research findings gained through these partnerships. At the same time, larger umbrella networks with broad outreach, like WIN, SWAAN, and ARFH, have their own research capacity, often tied to their policy advocacy work.

Potential Networks

There is a wide range of potential networks—informal and formal groupings of women that are not connected—that remain untapped as vehicles for mobilizing women, spreading reproductive health messages, and/or improving services. Traditional revolving credit associations (the *Esusu*, *Asusu*, or *Adashi*) and age-grade and gender-based communal associations (such as *Ogboni*, secret societies) have

considerable potential in this regard. The challenge will be how to organize and connect these groups to one another for a common purpose. Box 8 below demonstrates that Nigerian NGOs, with the assistance of international NGOs, have taken up this challenge with innovative approaches.

Box 8: Islamiya evening schools: An informal movement with great network potential

Islamiya evening schools, where women throughout northern Nigeria between the ages of 13 and 40 obtain Islamic religious education, provide forums for women to associate, share experiences, and learn collectively about their responsibilities and rights under Islam. These schools began to emerge during the 1980s as part of the Islamic revival taking place in the North. *Islamiya* schools, located in Kano City and other cities with large Muslim populations, reach large numbers of women from a wide range of backgrounds with the Islamic education they would traditionally have received from their husbands.

Several international NGOs have taken note of the potential of *Islamiya* schools as a medium for reaching women. USAID implementing partners Family Health International and CEDPA have initiated projects with MSO and FOMWAN, working with them through the schools.

Reproductive Rights

The promotion and defense of reproductive rights involve two principal democracy and governance functions. The first, seeking to change or influence public policy, includes undertaking policy research, analysis, formulation, and advocacy, and involves women's networks around a range of reproductive rights issues. The second, monitoring and taking action against power-holders that violate reproductive rights, also clearly falls within the broader democracy and governance domain of human and civil rights.

Women's networks such as GADA, Women's Health Organization of Nigeria, Country Women and Development, COWAN, NCWS, and WIN contribute to the struggle for democratic governance by linking women's political and reproductive rights to political participation and making it a central plank in their advocacy for human rights. GADA and WIN have been active in monitoring government progress in implementing the United Nations Convention on the Elimination of All Forms of Discrimination Against Women, to which Nigeria is a signatory. In addition,

private voluntary organizations funded by USAID, such as CEDPA and Johns Hopkins University/Population Communication Services, support such initiatives under their democracy and governance programs.

Networks often tie reproductive rights to improvements in both women's reproductive health and economic welfare. For example, COWAN has a mandate of poverty alleviation and views reproductive rights as integral to this process. In this regard, reproductive rights have increasingly been linked conceptually to human rights, making them political as well as health issues.

Table 5 summarizes network activities in policy advocacy around issues of reproductive rights.

Table 5 demonstrates that a significant number of networks (84 percent) promote reproductive rights. The most common issue that networks targeted was family planning, and much of their advocacy targeted religious leaders and local chiefs along with the private sector. Almost half of the networks claim that they actually changed a reproductive rights policy; the most common change addressed early marriage.

Increasingly, women's networks with a reproductive rights agenda are developing a range of collaborative relationships with NGOs more specialized in democracy and governance with mandates including, but not limited to, women's issues. WIN's collaboration with Lagos-based human rights organizations has expanded significantly since 1995 as it developed such efforts as the Civil Liberties Organization/WIN Women's Rights Project. In addition, FIDA has collaborated with AWASH to develop a legal literacy program that provides women with information on civil and reproductive rights.

Linking Reproductive Health to Other Development Sectors

Nigeria does not have a permanent umbrella, apex, or coalition that brings together women's NGOs or women's NGO networks into a single body dedicated exclusively to reproductive health and reproductive rights either at the regional or national level. The networks that come closest are CONNOPHD and the NTF-VVF. However, CONNOPHD is a more inclusive network with a mixed-gender membership, while NTF-VVF is narrowly focused on reducing vesico-vaginal fistula.

Table 5: Networks promoting reproductive rights; percentage of 51 networks working on each issue

	Percentage
Work in reproductive rights sector⁸⁴	
Reproductive rights policy advocacy	71
Policy issue addressed:	
Sexually transmitted infections	8
Family planning	10
Eradication of female genital cutting	8
Maternal health	2
Reproductive health services	2
Age at marriage	4
Engaged power-holders	45
Household heads	59
Religious leaders	75
Local chiefs	61
Local governments	53
State governments	59
National government	57
Private sector	77
Donors	53
Influenced reproductive rights policy	49
The nature of the policy:	
Community-level changes	2
Maternal issues	2
Eradication of female genital cutting	6
Women's voting rights	2
Population policy	3
Early marriage	14

The most likely reason for this is because focusing on reproductive health alone does not address the full range of issues—educational, economic, and political, in addition to other health-related issues—facing Nigerian women; it is artificial to separate women's productive activities from their reproductive activities. Reproductive rights are only one set of rights that constrain women's ability to participate fully in public life. Economic security and productivity

strengthen women's capacity to make decisions regarding sexuality and reproductive health.

This issue emerged in each of the four regional workshops conducted for this study, as well as in many of the in-depth network profiles and focus group discussions. To make a measurable and sustainable impact on the lives of Nigerian women, many networks feel that the full range of obstacles—government restrictions, harmful cultural attitudes and practices, and poverty—needs to be tackled within the framework of broad-based coalitions and alliances. This also explains the fact that most networks with programs in reproductive health were just as likely to integrate interventions in microcredit, girls' education, or adult literacy into a broad strategy of women's empowerment.

COWAN, for example, has a mission to eradicate poverty through the economic, social, and political empowerment of poor rural and urban women; the network views reproductive health and reproductive rights as integral to empowerment.

To strengthen their activities, many networks forge links between their activities in reproductive health and reproductive rights, democracy and governance, literacy, and economic activities. For example, 61 percent make a link between reproductive health and democracy and governance, while 41 link reproductive health with microenterprise and finance (see Table 6).

One successful example of this integration comes from the Market Women's Association, launched by the NCWS in Plateau state. It established nine clinics inside some of the largest markets in Nigeria and trained 150 market-based agents from among the market traders to provide family planning counseling, services and products, and referrals to other providers. In 1996, the effort succeeded in reaching nearly 150,000 new and continuing users with contraceptives, and immunizing more than 14,000 infants and mothers. Served by community health agents recruited and trained from the network membership, women and men are able to receive reproductive health information and services where they live and work.

Table 6: Cross-sectoral linkages; percentage of 51 networks making linkages with each sector

Networks With Links Between:	Percentage
Reproductive Health and:	
Microenterprise/Finance	41
<i>Literacy:</i>	
Legal literacy	14
Functional literacy	29
Democracy and governance	61
Reproductive rights	78
Family Planning/Child Spacing and:	
Microenterprise/Finance	27
<i>Literacy:</i>	
Legal literacy	10
Functional literacy	22
Democracy and governance	33
Reproductive rights	51
HIV/AIDS and:	
Microenterprise/Finance	43
<i>Literacy:</i>	
Legal literacy	14
Functional literacy	31
Democracy and governance	53
Reproductive rights	71
Youth Counseling (Adolescent Reproductive Health) and:	
Microenterprise/Finance	43
<i>Literacy:</i>	
Legal literacy	14
Functional literacy	28
Democracy and governance	49
Reproductive rights	65
Children and Youth (Sectoral Program) and:	
Microenterprise/Finance	41
<i>Literacy:</i>	
Legal literacy	14
Functional literacy	28
Democracy and governance	57
Reproductive rights	71

Moreover, Islamic women's associations have deliberately integrated reproductive health and reproductive rights activities into their other work to make them more culturally appropriate to Muslim women and their communities.

Network Institutional Capacity

A network's institutional capacity is reflected in its ability to deliver effective and sustainable reproductive health services and promote reproductive rights. The study examined three aspects of network institutional capacity: 1) The nature of internal governance mechanisms (the extent to which practices were consistent with democratic values), 2) management capacity, and 3) the capacity to engage in civic action and policy advocacy.

Sound and Effective Network Management

Sound and effective network management brings together essential human, financial, material, and informational resources to achieve well-defined organizational results. Table 7 summarizes a set of internal capacities and attributes found among the women's networks studied.

More than 80 percent of the networks have written mission statements, results, and objectives available, and staff members of most of the networks receive technical assistance and training, particularly programmatic training in reproductive health. Furthermore, a number of other capacities are present in more than half of the networks; for example, more than half have systems for financial and human resources management.

Table 7: Management capacity; percentage of 51 networks with each attribute

Attributes	Percentage		
	High > 80 %	Average 50–80 %	Low < 50 %
Written mission, results, objectives, etc.	X		
Permanent staff/secretariat	X		
A written strategic plan exists and is used		X	
Annual action plan and budget approved and used in implementation			X
Internal management systems/procedures:		X	
Financial management and accounting systems/ procedures developed and used		X	
Asset management systems/procedures			X
Human resource management systems/procedures		X	
Informational management systems			X
Staff training and/or technical assistance in:	X		
Programmatic reproductive health:			
CBDs ^a , TBAs ^b , CHWs ^c , peer educators	X		
Management (strategic planning, financial management)		X	
Democracy/governance (policy advocacy, rights, transparency)		X	
Sustainability: More than 75 percent of costs covered through internal and external sources			X
Performance monitoring/evaluation system in place and operational		X	

^aCBD—Community-based distribution agent

^bTBA—Traditional birth attendant

^cCHW—Community health worker

On the other hand, less than half of the networks have a written strategic plan, an annual action plan, or use budgets in implementation. Moreover, less than half have systems in place to manage information or assets, or have more than 75 percent of their costs covered from internal and external sources.

Most networks depend heavily on donors to fund their reproductive health, reproductive rights, and democracy and governance programs. USAID/Nigeria, through its private voluntary organization implementing partners, has been a principal donor for gender programs and the promotion of reproductive rights, as well as for broader political empowerment, education, and electoral assistance. Figure 3 and Table 8 summarize the sources of income of the networks surveyed.

Table 8: Proportion of finances covered from networks’ own resources

Percentage from Networks Own Resources	Percentage 51 Networks
25–50%	35%
50–75 %	37%
75–100%	22%
Not stated	6%

Table 8 demonstrates that 22 percent have between 75 and 100 percent of their finances covered from their own resources, while 35 percent have 25 to 50 percent of their finances covered from their own resources. Also notable, though perhaps not surprising, is that more than 78 percent of the networks rely on donor grants or contracts for at least some of their financial support.

Democratic Internal Governance

Democratic internal governance processes ensure that members own and participate fully in the affairs of their organization, including making and implementing organizational decisions. Governance processes that adhere to democratic norms and practices provide the framework for effective management. The actual practice of democratic governance in those women’s networks studied was mixed; Table 9 on the following page summarizes the attributes of democratic governance found among women’s networks.

Figure 3: Network financing (% receiving funds from each source)

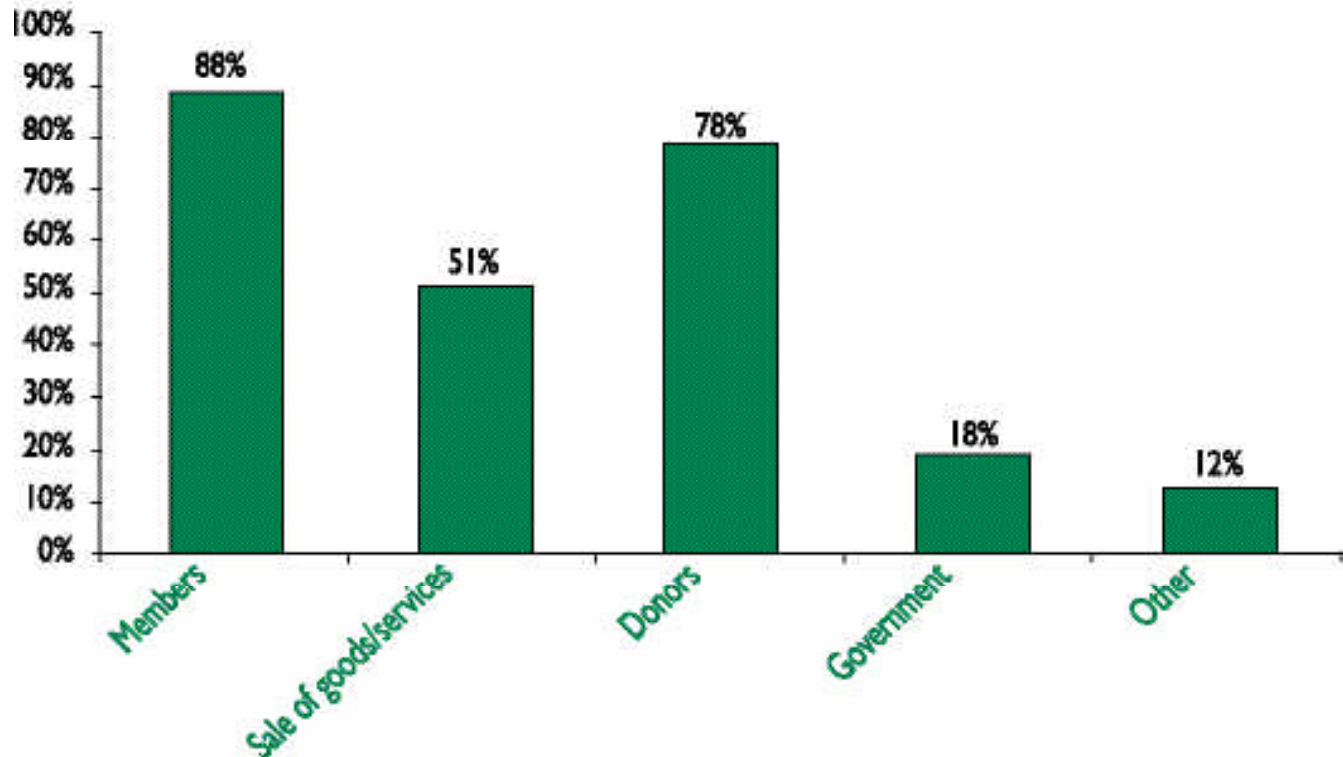


Table 9 makes it clear that while many characteristics of democratic governance are present among the networks, such as well-articulated vision and mission statements and systems of internal checks and balances, other characteristics are lacking, such as democratic elections for board members and annual general meetings. Moreover, many network members are illiterate, making the development of a truly informed membership particularly challenging.

Notably, of those networks engaged in democracy and governance activities (62 percent), more than 50 percent noted that democracy and governance activities also improved the internal operations of their own programs and led to increased member participation in network affairs.

Civic Action and Policy Advocacy

Civil society organizations facilitate the participation of citizens in political life, and by extension, in sustainable development and poverty alleviation. Civic action also promotes the empowerment of women through advocacy undertaken by public actors to influence public decisions. Three principal functions characterize civic action:

- 1) Broadening citizen or societal participation in public policy-making
- 2) Promoting and defending human rights and civil liberties
- 3) Acting as a countervailing force to the state (and the market) by overseeing its performance of the public’s business.

Table 9: Attributes of democratic internal governance; percentage of 51 networks with each attribute

Attribute	Percentage		
	High > 80 %	Average 50–80 %	Low < 50 %
Network legally recognized		X	
Network voluntarily formed	X		
Internal rules developed, approved by work members, and applied		X	
A well-articulated vision and mission statement	X		
Periodic democratic elections of board members		X	
Term limits for board members			X
Internal checks and balances		X	
Annual general meetings	X		
Internal rules approved by full membership and applied		X	
Members approve strategic plans			X
Members approve annual workplans and budgets		X	
Undertakes internal conflict management and resolution			X
Members are literate			X
Members review and approve annual financial statement		X	
Members make contributions per network statutes			X

Civic action is part of the set of skills and knowledge that networks need to be effective partners in the delivery of reproductive health services and in the promotion and defense of women’s reproductive rights. Table 10 summarizes the various attributes of civic action and policy advocacy found among women’s networks in Nigeria.

Table 10: Capacity to engage in civic action and policy advocacy; percentage of 51 networks with each attribute

The network:	Percentage		
	High < 80 %	Average 50–80 %	Low < 50 %
Understands its role as member of civil society in a democracy	X		
Understands the who, how, and what of power and decision-making			X
Acquires policy advocacy skills and techniques		X	
Identifies reproductive rights issues	X		

It is clear from Table 10 that most but not all of the networks understand their roles as members of civil society and identify important reproductive rights issues. Moreover, many of them have sought to acquire skills and techniques in policy advocacy. However, considerably fewer articulated an understanding of the intricacies of power and decision-making.

Box 9 contains examples of initiatives that networks have taken in civic action and advocacy.

Box 9: Civic action and advocacy initiatives

- **COCIN Women’s Fellowship.** As a result of the Fellowship’s democracy and governance program, newly empowered women began taking reproductive health and rights issues (like child spacing and HIV/ AIDS) to leaders in state and local government and to their own church officials. One member noted, “women did not sell-out their votes for Maggie cubes as in times past; rather they voted their consciences,” while another said, “democracy and governance (transparency) has made us more comfortable talking about reproductive health issues among ourselves and our husbands.”
- **WIN** has had significant impact on the reproductive health of women in northern Nigeria. It has put issues such as early marriage, violence against women, and child survival on the agenda for public discussion and policy advocacy in the north, and the country as a whole.
- **FIDA**, in collaboration with **AWASH**, has helped to develop a legal literacy program to help women to understand their human, civil, and reproductive rights.
- In 1999, **International Reproductive Rights Research Action Group** and the **Girl Power Initiative** succeeded in getting the Edo state government to enact legislation prohibiting female genital cutting.
- **NCWS** and several national and regional networks lobbied/sued state governments for abolishing state-level ministries of women’s affairs. This was a constitutional issue because the federal government is a signatory to United Nations Convention on the Elimination of All Forms of Discrimination Against Women.
- **Nigerian Participatory Research Network** has conducted AIDS research as an element in the formulation of and advocacy for public policy related to the rights of people living with AIDS.
- The **Nigerian Ethics Network** has promoted the rights of people living with HIV/AIDS as fundamental human rights.
- In rural **southwestern communities**, women’s groups were organized around crafts and trades in a quasi-guild system. These organizations have their roots in a traditional form of Yoruba association, the *Egbe Iyalode*, which is fundamentally political; its purpose is to ensure that representation to village councils is in the best interests of women.

(continued from previous page)

■ **Country Women and Development** participated with **NCWS** in advocating for and then implementing the country's affirmative action program.

■ **ARFH** promoted the adoption of a sex education curriculum and its implementation in collaboration with the Oyo state government. It also established an adolescent reproductive health program in 324 primary schools using its own curriculum.

■ **Grassroots Health Organization of Nigeria** has done advocacy related to vesico-vaginal fistula and HIV/AIDS, including sensitizing doctors, nurses, and social health workers.

The National Council of Women's Societies (NCWS) is one of the oldest networks of women's NGOs in Nigeria. Established in 1958, the organization advances the interests of women and provides a platform for formulating and disseminating their ideas and positions. NCWS objectives address economic and social progress through training and education, political participation, and inter-organizational cooperation. Women's reproductive health has always been a key concern. Today, NCWS has branches at the state and local government area levels in all 37 states and a national secretariat in Abuja.

A Platform for Women's Concerns

NCWS provides a framework for federation at the national and state levels. Its members, many of which are networks themselves (like Country Women of Nigeria), include independent NGOs, like the Planned Parenthood Federation of Nigeria, Society of Women and AIDS in Africa/Nigeria, and community-based organizations. Each state chapter unites a broad range of organizations and provides technical advice, guidance, microcredit, and coordination services for their affiliated community-based organizations. Member organizations send elected representatives to the executive council of their state branches.

Through advocacy and mobilization activities, NCWS takes member concerns from the grassroots up to all levels of government and to society at large. Its activities promote women's awareness of civil rights and responsibilities, develop leadership capacities, mobilize women voters, build new skills, and help women handle issues directly related to their well-being—from child spacing to economic livelihood.

Collaboration is part of NCWS's mandate; it works with numerous other NGOs and networks, particularly in advocacy and social mobilization. For example, it supported the International Federation of Women Lawyers (FIDA) in introducing legislation on inheritance and girls' education in the Houses of Assembly of several states, and together with the Women's Health and Action Research Center, it conducts policy-oriented studies on women's reproductive health.

NCWS has a close relationship with all levels of government, which have supported its activities through grants, seconded staff, and the provision of health facilities and supplies in some states. It also carries out joint programs, such as mobilization for elections, the census, and national immunization days. In Anambra state, NCWS has established an alliance with the Oyi local government council and the Oyi town union in the areas of reproductive health and women's economic empowerment.

NCWS donors include the governments of Israel and the United States (through USAID and the United States Information Services), the United Nations Population Fund, Family Planning International Assistance, the Society for Family Health, and AVSC International. Dues from members individual donations, and income generation activities provide additional funds.

Advocacy and Services Go Hand in Hand

Advocacy for women's issues is built into NCWS programs and services. For example, seminars on women's rights and workshops on parent-child communication at the local government area-level sensitize members about their rights while providing useful information and skills. Vocational training for young girls includes a focus on preventing sexually transmitted infections. Free legal counseling and services for women who cannot afford legal fees improves women's legal literacy as they help women to solve problems.

NCWS also operates integrated health programs with support from CEDPA. Initiated in Plateau, its market-based program has since been replicated in nine other Nigerian states. Members of Market Women's Associations are trained as market-based distribution agents and supply information and family planning commodities to other vendors and customers, as well as to other community members around the market. They also make referrals to clinics operated by NCWS or local governments. In Anambra state, agents target commercial sex workers and visit hotels and brothels throughout the metropolitan area of Onitsha, the country's largest market.

Results from NCWS integrated health programs in Anambra and Plateau states

	Anambra	Plateau
Trained market-based distribution agents	199	150
New family planning clients	63,058	19,315
Continuing family planning clients	65,054	33,213
Referrals	554	8,546
Counseled clients on sexually transmitted infections	52,153	5,491
Provided maternal and child health information/services	46,557	10,984
Reached community members with information	115,674	64,880

NCWS Brings Changes

Integrating reproductive health services into its other activities allows NCWS to reach large numbers of people. It has built strong community support by using a variety of outreach strategies such as mass media campaigns, drama, and other more traditional forms of communication such as workshops and meetings.

The network can claim numerous accomplishments. For example, NCWS campaigned for and succeeded in establishing the national Ministry of Women's Affairs. It worked with Community Women and Development to advocate for and then implement Nigeria's affirmative action plan. In its 1998 Women's Summit, NCWS brought concerns such as vesico-vaginal fistula, inheritance laws, and girls' education to the forefront, shaping the political agenda for women during the transition to civilian government.

NCWS and its partner organizations bring public attention to women's concerns, mobilize women for change, and address concrete problems in women's daily lives.

Women's NGO networks have grown and evolved during a time of great political upheaval and reorganization in Nigeria. Much of the information documented in this study may be instructive to others who are considering or already operating their own networks in other countries. Key lessons that have emerged are summarized under the headings below.

Effectiveness

1. Nigerian women's networks are effective mechanisms for delivering reproductive health services and information and expanding reproductive rights.

Networks are uniquely placed to reach the grassroots levels with services and information, while extending the voices of women up to state, regional, national, and international levels.

2. The most effective and sustainable women's networks were created by NGOs and community-based organizations to address specific, identified problems and functioned for some time in an *informal* fashion before formalizing their operations.

3. Integrating reproductive health activities into programs implemented by women's networks is an effective strategy to increase women's access to reproductive health information and services.

Working through existing groups and organizations in which women are either major beneficiaries or implementers of programs is a cost-effective and culturally appropriate mechanism for delivering family planning and reproductive health information and services. The proliferation of mutual self-help and social support groups, like cooperatives, savings and credit groups, and religious and market associations provides an ideal opportunity to expand access to information and services. Moreover, benefits extend beyond family planning because these groups are also active in legal and functional literacy, micro-enterprise development, and other innovative

schemes to improve women's lives. Providing reproductive health information and services through these groups significantly reduces the time, opportunity costs, and travel required to use health facilities.

4. Integrating reproductive health efforts into the other work of women's networks helps to ensure the development and delivery of culturally appropriate information and services.

Network members bring a thorough understanding of cultural and religious beliefs and practices about sexuality and reproduction to their services and information activities.

5. Through their social mobilization and advocacy efforts, women's networks have been effective in neutralizing some of the traditional resistance to family planning programs encountered in pronatalist communities or from religious leaders.

6. A strong NGO sector is one of the best ways to ensure that individual women's networks are effective in delivering reproductive health services and promoting reproductive and political rights.

The presence of women's networks is an indicator of an evolving and maturing civil society. As intermediaries, they connect primary-level voluntary associations and their members to political, social, and economic institutions and processes at higher levels of decision-making, and they provide a range of public services either in collaboration with or independent of the government. In turn, these intermediary networks are supported by a set of specialized support NGOs that provide them with an array of services including training, technical assistance, coordination, networking, advocacy, and representation.

7. Women's network members, known in their communities, provide a trusted primary source of traditional and modern reproductive health information and services.

Information and services provided by known and trusted sources are key to the success of interventions in these areas.

8. The absence of alternative organized groups with the capacity to meet the economic, social, and health needs of a significant number of women in Nigeria set the stage for women's networks to evolve. The resulting reach and variety of contributions by women's networks suggest that they do not coalesce haphazardly, and women often belong to more than one group at the same time to meet their different needs. Thus, networks provide a critical lifeline to women in Nigeria.

Lessons for Donors

1. A shift of donor funding away from women's NGO networks would have potentially devastating effects on women's reproductive health and rights in Nigeria.
2. On the surface, women's networks may appear to be simple. However, in reality, a complex set of relationships characterizes women's networks in Nigeria.
3. Preferences to direct funding through intermediary groups (the main branch of an umbrella group or the apex unit of a federation) present the risk that assistance will not find its way to those network units that actually represent women and/or provide services to them.
4. Funding of women's networks is most effective after local stakeholders have established ownership of the network and request support for specific programmatic and institutional needs.
5. Sectoral and/or geographic networks that provide a range of services to their members are the most likely types of women's networks to receive unsolicited and/or premature donor support.
6. Support of 'favored' network leaders may diminish the development of internal democratic governance within the network.

Capacity Building

1. Training and technical assistance interventions often contributed little to the effectiveness and sustainability of women's NGO networks because the networks lacked the resources needed to apply newly acquired knowledge and skills. During the past decade, women's networks have received

significant levels of training and technical assistance in strategic planning, financial management, and other important areas. Unfortunately, because women's networks are resource-poor, they have often had little opportunity to put these skills to use.

Advocacy and Reproductive Rights

1. Embracing the agenda from the United Nations International Conference on Population and Development has broadened the framework for the struggle for reproductive health and rights among women's groups in Nigeria. It has also enabled women's networks to establish strong links with the global agenda for women's rights.

The principles embodied in the International Conference on Population and Development and in the Programme of Action of the United Nations Fourth World Conference on Women enabled women's groups to develop a consensus on the objectives and goals for improving the reproductive rights of women. The Programmes of Action endorsed a new strategy that emphasizes the integral links between population and development and focuses on meeting the needs of individual women and men rather than achieving demographic targets. Nigerian women's organizations were very active in the Fourth World Conference on Women and subsequently widely disseminated information to grassroots women to help them understand and apply the principles of the global movement for women's rights.

2. Women's networks working in reproductive health and reproductive rights are most effective when they work within a broader context of political and economic empowerment. The most successful women's networks are those that view and address women's reproductive health needs in the broader context of their daily lives. The fact that more than one-half of the networks interviewed have complementary programs promoting jobs and income generation indicates the importance of these cross-sectoral linkages. The USAID/Nigeria programs in democracy and governance and reproductive health stand out as models in this regard.

3. Advocacy and social mobilization are essential to the promotion of reproductive health and rights. Women use their collective bargaining power to negotiate on behalf of other women. Collective action organized by women's groups has included negotiation, pressure, and protest. This capacity for

social mobilization has important implications for establishing consensus, creating pressure, and action to support reproductive health and rights.

4. Effective advocacy acknowledges limitations imposed by a political environment and advocates for the interests of the concerned majority. During most of the 1990s, network advocacy efforts focused on issues of immediate relevance to women, such as inheritance, access to credit, and improved market conditions. In the area of reproductive rights, advocacy efforts were aimed at changing cultural practices, such as female genital cutting and early marriage, that endangered women's lives. Women's networks did not explicitly address the reform of the political system or women's role in it, nor did they address women's rights framed as human rights. Their strategies reflected the repressive political system and the survival needs of Nigerian women, and hence were appropriate and effective. As the political system opened up toward the end of the decade, women's networks increasingly engaged in a more overt political reform. Networks began mobilizing women not only to vote, but to elect women political candidates as well, while also emphasizing good governance and government accountability.

Management and Internal Governance

1. A network's structure is a major factor in the sustainability of the reproductive health services it provides as well as the support it is likely to receive from beneficiaries. Federated networks offer as good, or perhaps a better long-term mechanism for sustaining the delivery of reproductive health services and promoting women's reproductive rights than umbrella networks. Federated networks were generally assessed as weaker and less effective than umbrella networks in delivering reproductive health services. However, the fact that their governance arrangements are, in principle, more democratic and promote greater participation of their members in internal organizational matters indicates an institutional structure that can be strengthened over the long term and thus become an organization with significant likelihood for sustained member support.

2. Some of the causes of division among people that exist in the broader society, such as religion, ethnicity, and age also play out in women's networks, decreasing their effectiveness. Such cleavages were reported in nearly one half of the networks

studied. These divisions were particularly apparent at the higher levels of the networks, where power is concentrated. They have had negative effects, including restricted participation in decision-making, failure to alternate leadership, and ultimately, decreased impact of their programs.

3. Many of the same values and practices that limit participation and democratic practice in social, economic, and political life, such as the tendency toward centralized decision-making and hierarchical relations, are also found in women's networks. These findings pertain much more to the upper echelons of modern, formalized networks than to traditional, informal associations at the grassroots level. Unless democratic values and practices penetrate the dominant political culture of exclusion and become institutionalized, women's networks will remain less effective than they could be.

4. The internal practice of democracy and good governance by a network's members can contribute to the promotion of broader societal civic practices and values. Grassroots voluntary associations, by addressing concrete development problems, provide one of the most effective institutional forms through which individual members learn democratic practice and the principles of good governance—and, in the process, become more active and informed citizens.

5. The learning and application of democratic governance values within women's networks enhances women's social and economic empowerment outside of them. Improvements in democracy and governance, including the promotion of policy reform, increasing government transparency and accountability, and defending human rights, can be achieved effectively through sectoral programs in reproductive health as well as through traditional efforts in the democracy and governance sector.

6. Advancing women's participation in their networks can foster an informed, active, and thus empowered women's citizenry. While the political environment has improved significantly in recent years, making it easier to support a politically active Nigerian civil society, USAID's crosscutting sectoral strategy in democracy and governance has proven effective in promoting women's political empowerment as it improved their economic and social well-being.

Overarching Issues

1. One of the principal problems facing women's networks, and civil society generally, is their lack of perceived legitimacy as public actors in Nigerian governance. Nigeria is at a crossroads in defining the appropriate role of state, market, and civil society in societal matters. Whether framed in terms of improving the reproductive health status of women or in defending their reproductive rights, it is critical that the government recognizes that civil society and specifically development NGOs are legitimate partners in development, with a right to not only help define the public good, but to participate in its achievement.

2. Shifting funds away from the NGO sector to the Nigerian government will have devastating effects on civil society and the reproductive health sector.

Given the needs of the Nigerian government in its post-democratic transition, USAID and other donors may be tempted to shift their funding, or a significant portion of it, from the NGOs they supported during Nigeria's authoritarian era. During most of the 1990s, USAID was the principal donor, through its implementing partners, supporting women's networks in their dual role as service providers and rights advocates. Shifting funds to the government to address its state building needs could considerably weaken the women's NGO movement and civil society. Given the government's mixed messages concerning the participation of NGOs in a range of public matters, as well as the enduring, precarious financial situation that most of them face, such a policy change by donors could have devastating consequences for reproductive health services and the promotion of women's reproductive and political rights.

3. Literacy is a critical component of a holistic strategy promoting women's social, economic, and political empowerment and welfare. Women's networks cited this lesson repeatedly. Broad-based literacy is a precondition to an active and informed citizenry—particularly important for women who have been largely marginalized in the principal arenas of public decision-making.

Conclusions

Achievements and Strengths

Over the years, women's NGO networks in Nigeria have filled a vital role providing a range of reproductive health information and services to underserved communities. These networks:

- Reach significant numbers of Nigerians—women, men, and children—with their services, information, and advocacy and mobilization efforts.
- Are involved in a wide range of reproductive health activities, including the provision of family planning services and products, individual counseling and community education on sexually transmitted infections and HIV/AIDS, family planning, harmful traditional practices, and so on.
- Are a trusted source of information and services.
- Work with traditional and religious leaders to neutralize resistance to contraception, end harmful traditional practices, and raise awareness of women's reproductive rights.
- Link their efforts in reproductive health and rights with those in other sectors (such as income generation, literacy campaigns, and voter education and mobilization) to increase their effectiveness and legitimacy.
- Help to institutionalize democratic practices and values among their members and beneficiaries.
- Contribute to the foundation of civil society in Nigeria.

Key Challenges for the Future

While overall women's NGO networks have achieved notable successes, they have grown and matured at different rates and face a variety of challenges. Some challenges are unique depending on each networks' stage of development. However, the following key overarching needs were identified for continuous improvement by all the networks interviewed:

- Improve their managerial and administrative capacity
- Improve their technical capacity to deliver reproductive health information and services
- Diversify their funding sources
- Advocate for government recognition of their contributions and their legitimacy as full partners in development
- Strengthen internal democratic governance practices.

Recommendations

A number of recommendations also emerged from this study, suggestions that donors, women's NGO networks, and the government might consider to ensure the continued vibrancy and participation of women's NGO networks in the reproductive health and reproductive rights arena, as well as expand their role as key players in Nigeria's development.

1. Promote and support a diverse range of women's networks. In this regard, supporting a wide array of models and strategies, representing the diversity of issues and challenges facing Nigerian women, will help to ensure a vibrant NGO sector.

2. Focus donor support on strengthening existing networks rather than creating new networks from scratch. The development terrain is littered with the shells of failed NGOs, sectoral networks, and coalitions.

3. Continue to support women's NGOs and networks as important channels for delivering reproductive health services and expanding reproductive rights.

4. Continue to support women's networks to further institutionalize democratic practices and values, while also supporting the government's needs in the post-democratic transition period.

5. Support literacy and post-literacy programs run by women's networks, based on adult learning methodologies, with reproductive health and reproductive rights themes as their content.

6. Donors should be conscious of the tradeoffs that exist in directing funding through intermediary groups.

7. Develop/refine funding selection criteria to guard against negatively influencing the growth, development, and democratic practices of networks. This is particularly true for networks that are young and weak.

8. Provide more comprehensive capacity building assistance to a *select* number of networks, including:

- Long-term support for full-time, professional secretariats, thus addressing problems arising from volunteer, non-professional staffing
- Matching technical assistance and training with long-term programmatic funding tied to achieving concrete development results
- A focus on building overall capacity to support community-level workers

- Increased support for efforts to build networks' capacity to administer and manage subgrant mechanisms.

9. Promote democracy and governance as a crosscutting strategy to achieve health and other sectoral results at both donor and recipient program levels.

10. Target federated networks (whether formal or informal, originating at or with strong linkages to the grassroots level) for long-term support while encouraging umbrella networks to open themselves to greater client participation in internal decision-making matters.

11. Develop a comprehensive curriculum on internal democracy and governance, including a component on the values and practices that underlie democratic internal governance, and use it for training network staff at all levels.

12. Include networks, donors, and implementing partners in early discussions when formulating new strategies in health and democracy and governance.

13. Conduct an analysis of the full range of laws and policies governing voluntary associations, including professional and business associations, cooperatives, and credit unions, in addition to traditional organizations.

14. Encourage government reforms to help ensure that conducive policies and legal and regulatory frameworks exist that encourage the establishment of civil society organizations.

15. Promote the legitimate role of civil society in identifying and resolving public problems. USAID is well placed to facilitate a dialogue between the concerned parties, either in the context of specific sectoral programs, like health, or cross-sectorally as part of its program strategy in democracy and governance.

Women's NGO Networks Studied

AWASH

Action Health Incorporated (AHI)
Adolescent Health Information Project (AHIP)
Association for Development Options in Nigeria (ADON)
Association for Reproductive and Family Health (ARFH)
Catholic Women's Association (CWO)
Catholic Youth Organization of Nigeria (CYON)
Center for Enterprise Development Action Research (CEDAR)
Center for Health Sciences, Training, Research, and Development (CHESTRAD)
Christ of Church in Nigeria (COCIN)
Coalition of Nigerian NGOs on Population, Health, and Development (CONNOPHD)
Community-Based Distribution–Non-Governmental Organization Forum (CBD/NGO)
Confederation of Osun Community-Based Organizations (CONFED)
Community Partners for Health (CPH)
Council of HIV Positive People (COPOP)
Community Based Development Non-Governmental Organization Forum (FORUM)
Community Women and Development (COWAD)
Country Women Association of Nigeria (COWAN)
Development Education Center (DEC)
Evangelical Church of West Africa Community Health Programme (ECHP)
Federation of Muslim Women's Association of Nigeria (FOMWAN)
Gender and Development Action Organization (GADA)
Girl Power Initiative (GPI)
Grassroots Health Organization in Nigeria (GHON)
Halikuru Maternal and Child Health Network (HMN)
Inter-Africa Committee for the Eradication of Harmful Traditional Practices (IAC)
International Federation of Women Lawyers (FIDA)
International Reproductive Rights Research Action Group (IRRAG)
Jemmiyar Matan Arewa (JMA)
Laity Organization (LO)
Muslim Sisters Organization (MSO)
National Association of Nurses and Midwives (NANM)
National Council for Women's Societies (NCWS)
National Network on Ethics, Law, and HIV/AIDS Prevention and Care
Nigerian Participatory Research Network
National Task Force on Vesico-Vaginal Fistula (NTF-VVF)
Niger/Delta Wetlands Center (NDWC)
Nigeria NGO Consultative Forum (NINCOF)
Nigerian Association of Women Journalists (NAWOJ)
Northern League of NGOs (NOLENGO)
Orji Women's Organization (OWO)
Oyo State Market Women's Association (OMWA)
Put 'Em Right Reproductive Health Foundation (PERAHF)
PPLS
Planned Parenthood Federation of Nigeria (PPFN)
Rahama Women Development Program (RWDP)
Society of Women and AIDS in Africa/Nigeria (SWAAN)
United Women's Association (UWA)
Women Action Research Organization (WARO)
Women Development Project Center (WDPC)
Women and Development Movement of Nigeria (WADEM)
Women in Health Development (WIHD)
Women's Health and Action Research Center (WHARC)
Women's' Health, Education, and Development (WHED)
Women in Nigeria (WIN)
Young Women's Christian Association–Nigeria (YWCA-N)

Annex 1: Breakdown of Network Services and Activities by Sector

Services provided by the 51 networks by sector

Service Provided by Sector %		Service Provided by Sector %	
Reproductive Health	92	Education and Literacy	67
Health education	92	Functional literacy	31
Counseling on STIs	82	Parent Teacher Association	33
HIV/AIDS campaign	80		
Immunization campaign	73	Democracy and Governance	65
Referrals to hospitals	67	Promoting reproductive rights	84
Identify mothers at risk	57	Policy advocacy	71
Birth spacing	55	Civic/Reproductive rights education	71
Antenatal care	49	Political participation	59
Postnatal/Perinatal care	41	Legal literacy	16
Health insurance	18	Voter education	47
Other health	10		
		Rural Infrastructure	14
Economic Growth	47	Provision of clean water	18
Credit scheme	47		
Revolving fund	43	Children and Youth	78
Farming/cooperative	28	Youth counseling	82
Marketing/cooperative	24	Sex education	77
		Environment	33

ENDNOTES

¹ In this report, reproductive health is used in an inclusive and integrated sense including the delivery of services and information related to family planning, child survival (maternal and child health, pre- and post-natal care, and nutrition), and HIV/AIDS prevention and education.

² United Nations. 1995. *Programme of Action, Fourth World Conference on Women*. New York, NY [USA]: United Nations.

³ *Ibid.*

⁴ Statistics in this paragraph and Table 1 taken from Federal Office of Statistics (FOS). 1988. *Annual Abstract of Statistics: 1988 Edition*. Nigeria: FOS; Population Reference Bureau (PRB). 2000. *2000 World Population Data Sheet*. Washington, DC: PRB; Gwatkin, DR et al. 2000. *Socioeconomic Differences in Health, Nutrition, and Population in Nigeria*. Washington, DC: World Bank; National Population Commission (NPC). 1998. *1991 Population Census of the Federal Republic of Nigeria. Analytical Report at the National Level*. Nigeria: NPC; Kishor, S and K Neitzel. 1996. *The Status of Women: Indicators for Twenty-Five Countries*. DHS Comparative Studies No. 21. Calverton, MD: Macro International, Inc.

⁵ World Bank. 1994. *Nigeria Social Sectors Strategy Review*. Report No. 11781-UNI. Washington, DC: World Bank.

⁶ Abortion is illegal in Nigeria except when a pregnancy threatens a woman's life.

⁷ Abdullah, H. 1996. *Sector Report: Gender, Population, and Development in Nigeria*. Prepared for United Nations Population Fund Program Review and Strategy Development Mission for 1997–2000 Program Cycle.

⁸ United Nations Development Programme (UNDP). 2000. *Human Development Report 2000*. New York, NY: UNDP.

⁹ World Bank. 1996. *Poverty in the Midst of Plenty—The Challenge of Growth with Inclusion*. World Bank Poverty Assessment, Report No. 14733-UNI. Washington, DC: World Bank.

¹⁰ This project was implemented by Johns Hopkins University/Population Communication Services.

